

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10826401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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26						
27						
28						
29						
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	2					
TOTAL DEP.	19					
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		3				
53		2				
54		2				
55		1				
56		1				
57		1				
58		1				
59		1				
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96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					